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PATENT

Atty. Docket No. BSC-009 (1002/17)

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

(Original, Design, National Stage of PCT, Supplemental, Divisional, Continuation or CIP)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MUCOSAL ABLATION

the specification of which (check one):

- ☒ is attached hereto.
- ☐ was filed on _____ as Application Serial No. 0 / _____ or
- ☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment referred to herein.

I acknowledge the continuing duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. §1.56.

PRIORITY CLAIM

- ☒ A. I hereby claim benefit under 35 U.S.C. 119(e) of United States Provisional Application No. 60/033,333, filed on November 21, 1996.
- ☐ B. I hereby claim foreign priority benefits under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and I have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.
- ☐ no such applications have been filed.

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

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Direct telephone calls to:

Joseph A. Capraro, Jr. (617) 248-7369

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE

Robert J. Crowley

Full name of sole inventor

U.S.A.

Citizenship

Inventor's signature

Date

July 15 1997

64 Puritan Lane, Sudbury, Massachusetts 01776

Residence

Same as above

Post Office Address

295RJT1002/17.382841-1

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Atty. Docket No. PATENT
MSC-009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Crowley
SERIAL NO.: 08/903,218 GROUP NO.: 3736
FILING DATE: July 22, 1997 EXAMINER: D. Shay
TITLE: MUCOSAL ABLATION

ASSOCIATE POWER OF ATTORNEY

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

An associate power of attorney is hereby granted to:

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in connection with the above-identified patent application.

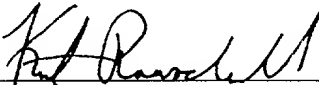
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Respectfully submitted,

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Express Mail Mailing

Label No. EL65344462545

PATENT

Attorney Docket No. BSC-009

(1002/17)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Crowley

SERIAL NO.: 09/903,218

FILED: July 22, 1997

TITLE: Muscosal Ablation

GROUP NO.: 3739

EXAMINER: D. Shay

COPY

ASSOCIATE POWER OF ATTORNEY

Assistant Commissioner for Patents
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Indranil Mukerji	46,944
Jamie H. Rose	45,054
Duan Wu	See attached "Limited Recognition under § 37 CFR 10.9(b)"

in connection with the above-identified patent application.


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Respectfully submitted,

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